

Case Number:	CM15-0202087		
Date Assigned:	10/19/2015	Date of Injury:	06/16/2014
Decision Date:	12/02/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/14/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old female who sustained an industrial injury on 6-16-14. Diagnoses noted (9-11-15) include right De-Quervain's syndrome, right lateral epicondylitis, right wrist pain, clinically consistent median neuropathy, and possibility of cervical radiculopathy. Subjective complaints (9-11-15) include right elbow pain (rated 6 out of 10) worse with activities, mostly radiating from the right elbow to the extensor right forearm, and is associated with numbness and tingling in the right hand. She continues to work full time. Objective findings (9-11-15) include swelling in the right lateral epicondylar region, tenderness in the lateral and medial epicondylar region, tenderness in the right extensor forearm muscles, right radial styloid process and right wrist joint, dysesthesia to light touch in the right C6-7 and C8 dermatome. Electromyography and nerve conduction study (11-13-14) "normal study for right upper extremity with no cervical radiculopathy or median, ulnar, or radial neuropathy." Previous treatment includes physical therapy, chiropractic treatment, medication, Cortisone injection, and counter-force brace right elbow. The treatment plan includes Norco 5-325mg, MRI right elbow to rule out underlying disease process, and X-ray cervical spine. A request for authorization is dated 9-22-15. The requested treatment of MRI of the right elbow was non-certified on 9-29-15.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI (magnetic resonance imaging), right elbow: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, under MRI's.

Decision rationale: The patient presents on 09/11/15 with right elbow pain rated 6/10, which radiates into the forearm. The patient's date of injury is 06/16/14. The request is for MRI (magnetic resonance imaging), right elbow. The RFA is dated 09/22/15. Physical examination dated 09/11/15 reveals tenderness to palpation of the lateral and medial epicondylar region, with dyesthesia noted in the right C5 through C8 dermatomal distribution. The patient's current medication regimen is not provided. Patient is currently working. ODG guidelines, Elbow Chapter, under MRI's' has the following: Recommended as indicated below. Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions, including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. There is a lack of studies showing the sensitivity and specificity of MR in many of these entities; most of the studies demonstrate MR findings in patients either known or highly likely to have a specific condition. Epicondylitis (lateral - "tennis elbow" or medial - in pitchers, golfers, and tennis players) is a common clinical diagnosis, and MRI is usually not necessary. Magnetic resonance may be useful for confirmation of the diagnosis in refractory cases and to exclude associated tendon and ligament tear. Indications for imaging -- Magnetic resonance imaging (MRI): Chronic elbow pain, suspect intra-articular osteocartilaginous body; plain films nondiagnostic; Chronic elbow pain, suspect occult injury; e.g., osteochondral injury; plain films - nondiagnostic; Chronic elbow pain, suspect unstable osteochondral injury; plain films nondiagnostic; Chronic elbow pain, suspect nerve entrapment or mass; plain films nondiagnostic; Chronic elbow pain, suspect chronic epicondylitis; plain films nondiagnostic; Chronic elbow pain, suspect collateral ligament tear; plain films nondiagnostic; Elbow pain, suspect biceps tendon tear and/or bursitis; plain films nondiagnostic; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In regard to this initial right elbow MRI, the request is appropriate. There is no indication in the documentation provided that this patient has undergone any MRI imaging of her right elbow to date. Utilization review non-certified this request on grounds that the provided did not signal the intent to perform surgical intervention directed at this complaint, therefore such imaging would not be necessary. However, this patient presents with worsening pain, swelling, and evidence of neurological compromise in the right upper extremity. Given this patient's diagnosis of chronic epicondylitis and worsening right elbow pain with loss of function, an MRI could provide insight into the underlying pathology and improve this patient's course of care. Therefore, the request is medically necessary.